

BLUE CROSS BLUE SHIELD OF DELAWARE APPEAL PROCESS

OFFICE OF MANAGEMENT & BUDGET STATEWIDE BENEFITS OFFICE

INITIAL SERVICE

1. Employee receives service and a claim is filed by the employee (or by provider on employee's behalf) with the carrier.

IF DENIED,

LEVEL I APPEAL – ADMINISTERED BY BLUE CROSS

2. Employee must file an appeal with Blue Cross within 180 days from receipt of the notice of denial to request a second review of the claim,
3. Blue Cross approves or denies the appeal with written notice to the employee
 - a. Within 30 days for Pre-Service requests (expedited appeals can be requested) or,
 - b. Within 45 to 60 days for Post-Service requests.

IF DENIAL IS UPHELD,

LEVEL II APPEAL – ADMINISTERED BY BLUE CROSS

4. Employee must file a Level II appeal for an independent review within 60 days from receipt of the notice of denial of the Level I appeal.
5. Blue Cross approves or denies the appeal with written notice to the employee
 - a. Within 30 to 45 days or
 - b. Within 3 to 5 calendar days if your physician certifies that a delay in response would jeopardize your health.

IF DENIAL IS UPHELD,

**LEVEL III APPEAL – ADMINISTERED BY THE STATE OF DELAWARE –
STATEWIDE BENEFITS OFFICE**

6. Employee may file an appeal of the denial in writing to the Statewide Benefits Office within 20 days of the postmark date of the notice of denial of the Level II appeal.

Appeals Administrator
RE: APPEAL
Statewide Benefits Office
500 W. Loockerman Street, Suite 320
Dover, DE 19904

Appeal must contain how the employee may be contacted (mailing address, telephone number, etc) a written summary of events, applicable Explanation of Benefits (EOBs), and any additional documentation employee desires to provide to support his/her position. Additionally, employee must sign and submit with appeal the State of Delaware's Authorization for Release of Protected Health Information form to provide authorization to the Statewide Benefits Office to obtain applicable information from BCBSD. This form is available at http://ben.omb.delaware.gov/medical/documents/auth_to_release_form.pdf Employees submitting an appeal without signed form will be requested, in writing, to submit form. Statewide Benefits Office will not begin to review appeal until State of Delaware's Authorization for Release of Protected Health Information form is received.

7. The Appeals Administrator from the Statewide Benefits Office (or his/her designee) will conduct an internal review of the appeal and provide a written notice of the decision to the employee and the carrier within 30 days of receiving the appeal.

IF DENIAL IS UPHELD,

**LEVEL IV APPEAL – ADMINISTERED BY THE STATE OF DELAWARE –
STATE EMPLOYEE BENEFITS COMMITTEE**

8. Employee may file a written appeal to the State Employee Benefits Committee (SEBC) within 20 days of the postmark date of the notice of denial from the Statewide Benefits Office.

Chair, State Employee Benefits Committee (SEBC)
RE: APPEAL
Office of Management and Budget
Haslet Armory, Third Floor
122 William Penn Street, Suite 301
Dover, DE 19901

9. The SEBC receives the appeal and:

- a. Identifies a Hearing Officer (Division Director, Statewide Benefits Office). The Hearing Officer conducts a hearing and submits a report to the SEBC within 60 days of the date of the hearing. The SEBC accepts or modifies the report, and notice of the decision is postmarked to the employee within 60 days; **OR**
- b. Hears the appeal, and notice of the decision is postmarked to the employee within 60 days of the hearing.

IF DENIAL IS UPHELD,

LEVEL V APPEAL – DELAWARE SUPERIOR COURT

- 10. The employee may appeal the decision to the Delaware Superior Court within 30 days of the postmark date of the notice of denial from the SEBC.